## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

ME OF FILER (In Full) IUMANE SOCIETY LEGISLATIVE FUND				
Full Name (Last, First, Middle Initial) of Payee Sara Amundson				Date
Mailing Address 1627 A Street, NE				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20002		5.63
Purpose of Expenditure Staff Time		Category/ Type	001	Office Sought: X House State: OR House Senate
Name of Federal Candidate Supported or Oppose Peter A. DeFazio	d by Expenditure:			President District: 04  Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		152	9.13	Disbursement For: Primary X General 2006 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Elizabeth Crinion			'	Date  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1513 Mass Avenue, SE				Amount
City Washington	State DC	Zip Code 20003		10.14
Purpose of Expenditure Staff Time		Category/ Type	001	Office Sought: X House State: OR House Senate District: 04
Name of Federal Candidate Supported or Oppose Peter A. DeFazio	d by Expenditure:			President  Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		153	9.27	Disbursement For: Primary X General 2006 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mike Markarian				Date  M. M. / D. D. / Y.
Mailing Address 1206 Maryland Avenue, NE				1,0 31 2006 Amount
City Washington	State DC	Zip Code 20002		20.50
Purpose of Expenditure Staff Time		Category/ Type	001	Office Sought: X House State: OR House Senate District: 04
Name of Federal Candidate Supported or Oppose Peter A. DeFazio	d by Expenditure:	:		President District: 04  Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		155	9.77	Disbursement For: Primary X General  2006 Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	ures		'	36.27
(b) SUBTOTALof Unitemized Independent Expen	ditures			
(c) TOTAL Independent Expenditures				